ARIZONA DEPARTMENT OF WATER RESOURCES

Prescott Active Management Area 2200 E. Hillsdale Road • Prescott, Arizona 86301 Telephone (928) 778-7202 • Fax (928) 776-4507



APPLICATION FOR MODIFICATION OF THE LOW WATER USE/DROUGHT TOLERANT PLANT LIST

1. Is this plant to be considered for **ADDITION** or **DELETION** (circle one)?

	GENUS: CULTIVAR:		SPECIES: COMMON NAME:				
2.	Provide a reference to a commonly available plant guide that includes this plant:						
3.	Type of plant (choose all that appl	y): ☐ Tree ☐ Grass	☐ Shrub☐ Cactus	☐ Groundcover☐ Succulent	☐ Accent ☐ Annual	☐ Vine ☐ Perennial	
4.	Is the plant a Central Arizona nativ	ve? □ Yes	□ No	If not, to what are	a or country is it native?		
5.	Indicate the range of supplemental irrigation required for the plant in terms of inches per year <u>once established</u> (minimum 2 growing seasons). If a plant requires more than 12 inches of irrigation annually it does not meet the requirements for addition to the Prescott AMA plant list.						
		□ 0 – 4"	□ 5 − 8"	□ 9 – 12"	□ 13"+		
6.	In terms of supplemental irrigation, indicate the water requirement and growing season in the Prescott area of an <u>established</u> specimen:						
	☐ Weekly ☐ Twice Monthly ☐ Monthly		☐ Winter growing season		☐ Summer growing season		
7.	Is the plant hardy to the USDA Ha	ardiness Zone 6?	□ Yes	□ No	Provide Reference:		
8.	Light Requirements: ☐ Tolera	tes Reflected Heat	☐ Full Sun	☐ Part Shade	☐ Full Shade		
9.	Does the plant spread by seed, sucker or other method to the point that it could be considered invasive? Yes No Provide Reference:						
10.	Is any portion of the plant toxic to	humans or animals?	□ Yes	□ No	If yes, what p	part?	
11.	Are there any known life threatening insect or disease problems associated with this plant? Yes No If yes, please explain:						
12.	Seasonal Color: Showy Flowers?		Fall Color?		Berries? Deciduous?		
13.	las this plant been grown successfully in the Prescott area for at least 2-3 years? Yes No If yes, where?						
14.	Describe the growth habit (i.e. size when mature, space requirements), plant propagation method(s), and the appropriate design use of the plant:						
	Is the plant generally available? No If yes, name at least one known source: Describe why this plant should be added to or deleted from the low water use/drought tolerant plant list:						
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	Name of Applicant (Print)			Address			
	Title and/o		Phone				
F	OD DEDARTMENT HOE ONLY						
	MA Director's Determination:	Approved Disar	proved _				
	AMA Director's Signature Date						